2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOC: MENT # L04000065734

THEINTIFF Name

JMC ACQUEST ONE, LLC



FILED Jul 10, 2008 08:00 AM Secretary of State

Principal Place of Business

2510 46TH STREET COURT EAST BRADENTON, FL 34208 US

Meiling Address P.O. BOX 301 PALMETTO, FL 34220



DO NOT WRITE IN THIS SPACE

07072008No Chg-LLC CR

CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CREEL, JEANETTE M 811-15TH AVENUE W. PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

| 8. | . The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent. | |
| | | |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

| 9. | MANAGING MEMBERS/MANAGERS |
|----------------|--|
| TITLE | MGR |
| NAME | JACRE MANAGEMENT COMPANY, INC. |
| STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON, FL 34208 |
| TITLE | MGRM |
| NAME | CREEL, JEANETTE M |
| STREET ADDRESS | P.O. BOX 301 |
| CITY-ST-ZIP | PALMETTO, FL 34220 |
| TITLE | |
| NAME | • |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 44 | portify that the information appoiled with this filing does not applied to |

U00000954046 07/10/08-80009-004 538.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true-end accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company. The receiver or trustee empowered to execute this report as equired by Chapter 608, Florida Statutes.

SIGNATURE: COMMUNICATION OF PRINTED MANE OF SIGNING MANAGING MEMBERS OF AUTHORIZED REPRESENTATIVE

7-7-08

241-745-2959

Daytime Phone #